	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO. APPLICANT(S)				FILING DATE		
				AFTER 18T AFTER 2ND			CLAIMS	·	F				-		
		TLED	AMEN	DMENT	AMEN	DMENT						1 2		1 1	
	IND	DEP	#KD	DEP	IND	DEP		51	ONI	DEP	MD	DEP	- ND	DEP	
2		-,-				 		52			l	 		 	
3		 ', 	-					53				1		 	
4						1		54				1			
5		7						55							
6		/						56							
7								57							
8								58			<u> </u>	 			
9							1	59				_	ļ	ļ	
10		-			ļ	}		60							
		 ` ` 			<u> </u>	 		61		<u></u>	<u> </u>	 	 	 	
		\vdash		 		 		62				 	 	├	
13		 			·	 		63 64				 	 	 	
14 15		 			· · · ·			65				1		 	
16		 						66				1	l	 	
17		1						67				1			
18	,	7						68							
19								69							
20								70							
21		/					·	71						<u> </u>	
22		/					į	72				ļ		ļ	
23		1'				ļ		73				 		ļ	
24		1.		ļ		ļ		74				 		 -	
25		1/	<u> </u>					75				 		├ ──	
26		/			·			76				 			
27		-/				 		77				1		 	
28						 		79				 		 	
29 30						 		80					l		
31		7-1-1		1		1		81							
32		(1)						82							
33								83							
34		1						84				<u> </u>	ļ		
35					<u> </u>			85			<u> </u>		 	1	
36					<u> </u>	 		86	l:			 	<u> </u>	-	
· 37		 /- 		 				87			<u> </u>	 	} -		
38	<u> </u>		 			 		88	ļ			 	 	 	
39		 				 	.	89		<u> </u>	 	 	 	 	
40	· · ·	 , / -		 	ļ	 		90 91			 	-	t	 	
41	 	 		 		 		92				1	 	1	
42		11-				 		93				1			
44				 				94							
45	 -	1						95_							
46		 						96						<u> </u>	
47								97					<u> </u>	<u> </u>	
48								98			<u> </u>	ļ	<u> </u>	 	
49			ļ			 		99		L	 -	 	<u> </u>	 	
50			1	ļ		ļ		100			 	 		 	
OTAL IND.		}		1		1 1		TOTAL IND.		1] [
OTAL	+	<u>_</u>		 	-	ا ليا		TOTAL DEP.		*	4	+	-	ŧ	
EP. OTAL LAIMS								TOTAL						-2"	